

Annotated Bibliography

Why are people of color so disproportionately over-represented in the child welfare system?

Deborah R. Major, L.C.S.W.

Editorial Associate

We tend to think about child abuse and neglect as if they were phenomena that are reasonably simple to discern, the dimensions of which we can know with a degree of certainty, but this is not necessarily the case. Before we remove children from their families it is most important to know that we are making the right decision, given the consequences for all concerned. One of the most aching difficult problems has consistently been the concern that racial discrimination is part of child abuse and neglect assessments and placement decisions. Statistics alone suggest that this may be the case, given that children and parents of color are overwhelmingly overrepresented in the child welfare system. Our original purpose in compiling this bibliography was to answer the question: "Why are people of color so disproportionately over-represented in the child welfare system?" This difficult question has been extensively researched by a number of scholars over the past thirty years (notably in the 1970s, Billingsley & Giovannoni, 1972, and in the 1980s, Gurak, Smith, & Goldson, 1982).

An extensive review of published articles and books was conducted, and a total of 38 sources were reviewed in depth to examine the question. The selection below is limited to works published since 1990. Each work was selected for inclusion below because it met at least one of the following criteria:

- It represents the best quality research;
- It represents views held by other scholars;
- It highlights a particular aspect of the overrepresentation problem or a solution to it, such as cultural difference, risk assessment, bias in decision-making, historical policy influences, institutionalized racism, or wider system influences; finally
- Our understandings of abuse and neglect are based on views of normality that look comprehensible within US socio-cultural perspectives. However, this country is increasingly a nation that includes people from other lands, whose views of normality may differ substantially from the majority culture. In selecting the sources to annotate, we sought to represent views from differing socio-cultural perspectives.

We begin by clarifying the meaning of the term overrepresentation. The traditional definition is that the proportion of people of color in the child welfare system is significantly greater than their proportion in the US population as a whole. Certainly this is true in the State of Illinois, where as IDCFS Director Bryan Samuels notes in his paper (this volume), 72% of the children in substitute care are African-American. While there is a significant body of research examining African American overrepresentation, other people of color are also over represented by comparison with their numbers in the general population. In keeping with our mission of inclusiveness, we sought to reflect the degree of variation that is representative of this nation's population, while recognizing that we would inevitably fall short of this goal.

Are people of color disproportionately represented in the child welfare system because practitioners lack cultural competence?

Ahn, H.N. (1990). *Intimacy and discipline in family life: A cross-cultural analysis with implications for theory and practice in child abuse prevention* (Doctoral dissertation, University of California Berkeley, 1990). *Dissertation Abstracts International*, 52, 1518A.

Ahn's cross-cultural study of varying patterns of family intimacy and discipline is unique in that she interviewed six different ethnic/racial groups: African-American, Cambodian, Caucasian, Hispanic, Korean, and Vietnamese. She administered a cross-sectional interview survey to 364 mothers using a set of vignettes depicting specific parent/child interactions. Not surprisingly, her findings revealed tremendous ethnic diversity in attitudes toward family intimacy and discipline. This cultural diversity compounds the already difficult task of defining child abuse, since we tend to label as deviant family practices that differ from norms established in our own cultures. Her study is especially interesting because she examines particular aspects of family life and child rearing that in one culture would be considered

normal, but that would be considered abusive in another. In the domain of intimacy, Ahn looks at sleeping arrangements, bathing, touching, and kissing. She then examines family discipline, looking at beliefs in the effectiveness of talking as contrasted with yelling or hitting. Lastly, she asks these mothers what constitutes abuse, and under what circumstances they would recommend child removal.

The major differences between the groups were that in general Asian mothers were more permissive of parent-child co-sleeping, while white mothers preferred privacy. In Asian cultures sleeping with parents is believed to promote family interdependence and intimacy, whereas white mothers believed children and parents need separate sleeping spaces to encourage children's development into autonomous adults. Across cultures mothers disapproved of bathing with children older than six; however, Asian mothers were more alike in terms of favoring parent-child co-bathing longer than the other ethnic groups. This practice may be normalized in Korea, where public baths are used by the entire family. There were also significant differences around the question of whether and under what circumstances it is permissible for a child to touch her mother's breasts or for a mother to touch her child's breasts. Koreans believed when children touch their mothers' breasts it expressed the child's natural, nostalgic longing for past closeness (p. 73), while Cambodians and Vietnamese mothers were much more modest about their own nudity, and found the behavior embarrassing and unacceptable in their culture. A clear majority of white, Black and Hispanic mothers believed that a child touching her mother's breast expressed curiosity about mother's body.

Ahn explored the question of whether it is permissible for adults to touch a boy's genitals. All mothers agreed that they should not touch a baby's genitals to calm him down, but half of the Korean and Vietnamese mothers said that it would be acceptable for a grandfather to touch his three-year-old grandson's genitals in an expression of pride. By comparison only 1.9% of whites, 7.4% of Blacks and 11.6% of Hispanics approved of this behavior. Most white and Black mothers in her study believed that this kind of touching was a violation of the child's rights. However, in the Korean and Vietnamese cultures, preserving pride in the family name is a fundamental duty of male children, and the grandfather's touching of his grandson's genitalia was believed to be one such manifestation of pride in the family name and its continuity.

With regard to family discipline, a clear majority of mothers from all ethnic groups agreed that talking is an effective disciplinary method. However, despite mothers' stated beliefs in the effectiveness of talking, a clear majority also believed in spanking: 95.8% of Black mothers, 78.6% of Korean mothers, 77.8% of white mothers, and 60% of Vietnamese mothers believed hitting their children was effective. One Korean mother said that Korean children need to be spanked in order to develop good habits (p. 115). Black, Korean and Vietnamese mothers in this study believed that hitting demonstrated parental love (p. 109). "White mothers felt more conflicted and that they had to justify hitting, since they also believed that their children had the capacity to become rational thinkers. In cultures where there is a more distinct hierarchy between parents and children, parents may not have to struggle as much to balance the amount of freedom they afford their children with the amount of respect they demand from their children. Parental respect is taken for granted. The parents often use discipline (including spanking) to mold children into what parents want them to become" (p. 113). Ahn said that in such cultures children's rights do not become an issue, because it is assumed that parents always know and decide what is best for children (p. 116). In contrast to the other groups, Cambodians and Hispanics unacculturated to the United States did not believe in the effectiveness of spanking. However, Hispanics more acculturated to the United States were inclined to view hitting as effective. It is striking that adoption of prevalent values in the United States was associated with an increased acceptance of spanking, even in cultural groups where that had not been their tradition.

Ahn asked these mothers what constitutes abuse and whether a bruise on a child would be evidence of physical abuse. The three ethnic groups that endorsed the effectiveness of spanking were not inclined to see bruising as evidence of abuse. In response to this question African American mothers pointed out that the parent's intention was not to harm the child, but rather to discipline. The Korean mother who said that spanking was good for Korean children also asked, "what parent would abuse his own child?" Ahn asked mothers the following question: "If a father breaks his son's arm for spilling food while eating, should someone be removed from the home?" Cambodians were 96.7% in favor of removing the father. Vietnamese were 83.3% in favor of removing the father. Among white mothers, 49.1% favored removing such a father, and 62.1% of Black

mothers favored such a father's removal. Korean mothers were least supportive of removing anyone (24.6%), believing that family problems should be resolved within the privacy of the home, and that a normal father would be capable of reflecting on his behavior and controlling himself in the future, thus obviating the need for outside intervention.

In her discussion of the implications for defining abuse, Ahn stated that it is not pragmatic to have as many definitions of abuse as we have different ethnic groups, and that groups immigrating voluntarily can be asked to make some adjustments to their family practices. She recommended that all immigrants be given classes on American parenting beliefs, child welfare laws, the child welfare system, and how to get help. To avoid alienating parents, Ahn also recommended involving them in the development and implementation of prevention programs. She provided a salient example of Puerto Rican parents resisting the idea of teaching children to say 'no' as part of a sexual abuse prevention program, since the idea of children assertively saying 'no' conflicted with these parents' cultural expectations for children's behavior. "In cultures where parent/child relationships are simultaneously hierarchical and undifferentiated, advising children to say 'no' to parents or to other adult authorities would be perceived as teaching children to rebel. In such cultures, obedience is the key to children's well-being and success in life, because parents are believed to always know what is best for their children" (p.197).

Ahn's study makes it clear that the cultural practices of particular immigrant groups would put them at greater risk for having their children removed. In documenting the profound differences that exist across cultures with regard to such topics as child empowerment, spanking, and touching, Ahn's work demonstrates how difficult it is for a program to be culturally sensitive for all cultural groups. Her work also highlights the importance of understanding the motives underlying parents' behavior, as well as the fundamental values parents want to pass to future generations via cultural practices.

Hong, G.K., & Hong, L.K. (1991). Comparative perspectives on child abuse and neglect: Chinese versus Hispanics and whites. *Child Welfare, 70*, 463-475.

Hong and Hong present the dilemma of cultural variation in interpretations of child abuse. Their study addresses the impact of ethnic differences in

the perception of child abuse and neglect between Chinese, Hispanic and white parents. They administered questionnaires depicting parental conduct in twelve vignettes to 150 Chinese, Hispanic and white college students at a California University. All of the Chinese students were immigrants, while the Hispanics were either American or had been in the United States since early childhood. They asked respondents to rate the vignettes, choosing from among three courses of action: a) nothing need be done; b) the family should be encouraged to seek professional help; and c) the child protective agency should be notified to investigate and help the family. Part of what makes this article so helpful is that the authors start by presenting a practice considered acceptable to most Americans, but that is considered abusive in China: the practice of male circumcision. They say many Asians abhor the practice of male circumcision because it exposes babies to unnecessary risk and pain. Hong and Hong point out that they do not advocate cultural relativism, but that "one has to find a balance between honoring society's obligation to protect children and providing safeguards for minority groups from unwarranted interference in their preferences..." (p. 463).

Hong and Hong's study revealed significant differences in perceptions of abuse and neglect between Chinese immigrants and the other two groups. However, they also found a core of similarity between the three groups. All respondents rated a parent's encouragement of delinquent behavior in the upper range of severity. All respondents rated parents' blatant disregard for a child's health in the middle range of severity, whereas an uncommon sleeping arrangement was rated in the lower to middle range of severity.

By comparison with the other two groups, the Chinese showed a tendency to choose 'no action' in all situations. They tended to judge parental conduct less harshly, and were more inclined to give parents latitude to make decisions, even when these decisions appeared to be irresponsible (e.g., leaving children home alone, or using drugs with children present). These Chinese students were also less critical of parents' use of physical force to achieve compliance. These differences may be due in part to differences between Chinese and American family values. For unfamiliar readers, Hong and Hong explained the cultural values of filial piety and familism that impact Chinese family life. Filial piety is the child's practice of subordinating her wishes and interests to those of her parents, and accepting the parent's judgment as

indisputable and unquestionable. Familism is the belief that the family unit is more important than individual family members. These ideas engender and nurture beliefs that individuals belong to their family group, and that others are outsiders. They discussed a collection of popular Chinese folklore entitled *Twenty-four cases of filial piety* that depict children making what Americans might consider to be extreme personal sacrifices for the sake of their parents. Hong and Hong say that some of these tales would be judged by Americans as evidence of child endangerment, but that many generations of Chinese children have been raised on these stories, and they continue to be set out as models for appropriate behavior today. For these reasons, Chinese people tend to take a very dim view of outside intervention in affairs that are believed to be the sole purview of the family, and specifically of parents.

Hong and Hong concluded by advocating for greater sensitivity to cultural differences and warning about the risks to all if such differences are ignored. They stated that fundamentally child protective actions can only be effective when they have acceptance and support within the communities being served.

For further reading:

- Bending, R.L. (1997). Training child welfare workers to meet the requirements of the Indian Child Welfare Act. *Journal of Multicultural Social Work*, 5, 151-164.
- Bhatti, B.K. (1991). Cross-cultural issues in the sexual abuse of children: A study of child welfare intervention (Doctoral dissertation, University of California Berkeley, 1991). *Dissertation Abstracts International*, 52, 3073A.
- Fadiman, A. (1997). *The spirit catches you and you fall down. A Hmong child, her American doctors, and the collision of two cultures*. New York: The Noonday Press.
- Gelles, R.J. (1987). What to learn from cross-cultural and historical research on child abuse and neglect: An overview. In R.J. Gelles, & J.B. Lancaster (Eds.), *Child abuse and neglect: Biosocial dimensions* (pp. 15-30). New York: Aldine de Gruyter.
- George, L.J. (1997). Why the need for the Indian Child Welfare Act? *Journal of Multicultural Social Work*, 5, 165-175.
- Green, J.W. (1999). Native Americans and social services. *Cultural awareness in the human services: A multiethnic approach* (3rd ed., pp. 231-233, 241-244). Boston: Allyn & Bacon.
- Hunt, D.E., Gooden, M., & Barkdull, C. (2001). Walking in moccasins: Indian child welfare in the 21st century. In A.L. Sallee, H.A. Lawson, & K. Briar-Lawson (Eds.), *Innovative practices with vulnerable children and families* (pp. 165-187). Peosta, IA: Eddie Bowers Publishing, Inc.
- McPhatter, A. R. (1997). Cultural competence in child welfare: What is it? How do we achieve it? What happens without it? *Child Welfare*, 76, 255-278.
- National Association of Social Workers. (2001). *NASW Standards for cultural competence in social work practice*. Washington, D.C.: NASW Press.
- Song, K.H. (1999). Helping Korean immigrant families to change physical child abuse problem: Postmodernist interpretive perspective. Unpublished doctoral dissertation, Loyola University of Chicago, School of Social Work.

Summary:

These studies on cross-cultural diversity and its impact on interpretations of abuse have great value in their power to encourage examination of our closely held cultural biases. The studies clearly lead to the conclusion that it is imperative to seek additional training, and to make ongoing attempts to expand the boundaries of our world toward greater comprehension of the worldviews of others. Increased cultural competence would go a long way toward reducing some of the child welfare practice mishaps that occur due to cultural myopia. These works also have value in providing evidence that despite substantive differences, parents from very different cultures do hold some beliefs in common, and would be motivated to take action based on those beliefs.

Are children of color disproportionately represented due to racial bias in risk assessment and decision making?

Brissett-Chapman, S. (1997). Child protection risk assessment and African American children: Cultural ramifications for families and communities. *Child Welfare*, 76, 45-63.

This article is one of several in a special issue of *Child Welfare* that was devoted to perspectives on serving African American children and families. Brissett-Chapman makes a strong argument for the development of culturally competent risk assessment

tools for use with African American families. She says that more helpful and effective models must incorporate a qualitative and interactive framework for understanding risk and vulnerability, since linear models of risk assessment generally overlook individual, family and community strengths. Legislative responses that increased attention to child abuse (e.g., the Child Abuse Prevention and Treatment Act) had such an enormous impact on heightening public awareness that identifying and reporting incidents began to compete with system demands to downsize, contain costs and focus on outcome measurement. These fiduciary demands reduced the system's capacity and the motivation of professionals to recognize and work with the families' cultural differences. Instead, workers found themselves relying on "concrete, narrow, and compartmentalized strategies to address the dynamic and often unfamiliar circumstances posed by families who generally neither solicit nor desire governmental intervention..." (p. 50).

Professionals disagree over the focus of risk assessment and whether it should be viewed as a structured decision-making process, a way to improve system accountability and efficiency, or as a predictive clinical tool. Brissett-Chapman points out that the problem of defining risk assessment is conflated with the problem of defining abuse and neglect, for which there exist no universally accepted definitions. With culturally varying definitions of abuse the system is greatly challenged to address risk assessment, and the conditions under which a child should be removed. She points out that risk is generally defined as the likelihood of harm recurring following an allegation of abuse or neglect, and as such includes questions regarding future caregiver behavior and outcomes. Workers have historically relied on intuition, experience, and interview engagement skills to assess risk, in lieu of using structured assessment instruments. However, some scholars suggest that the field lacks sufficiently defined and agreed-upon guidelines for risk assessment theory and practice (DePanfilis, 1988).

Brissett-Chapman points out how crucial it is to understand the interface between sociocultural issues and assessment, and urges that Black families not be seen through the pathologizing lenses of racist stereotypes. She also points out that most risk assessment systems are too narrowly focused to serve Black families well, because they do not adequately address the complexities of the impact of racism, poverty, and other factors unique to Black family life. Most importantly, researchers studying risk assessment

instruments also are finding that the instruments cannot be used as a substitute for human judgment. One researcher, reporting preliminary findings on 155 African American families, found that the risk assessment instrument used in her study served as an effective guide for inexperienced workers, but that it had no significant impact on the judgment accuracy of seasoned professionals. She also pointed out that risk factors should be relevant to the "values, lifestyles, and interactional patterns of the communities" being served (p. 58), and it appeared seasoned workers were much more able to manage the complexities of including these variables in the risk assessment process.

Brissett-Chapman recommended more training for child welfare workers on the complex dynamics of culture and social acculturation. "Cross-cultural assessments, whether driven by race, ethnicity, gender, class, religion, or other social determinants, require a heightened element of time, valuation of the legitimacy of the perspectives of involuntary clients, and personal awareness of the professional's own values and cultural screens" (p. 58). To better engage African American clients, she suggested that workers be trained in understanding the worldview of Black people and the implications for planning interventions. She also recommended process research that focuses on the elements of effective cross-cultural engagement and collaborative strategies that bring together community representatives and professionals as team members examining varied definitions of risk and their implications for cultural conflict. She advocated for tapping into indigenous resources in the Black community, such as churches and social organizations that can be cultivated as mediating institutions that provide sensitivity to the underlying reasons for child abuse in that community. She ended with a recommendation for partnerships with kinship networks, since these "surrogate caregivers may provide a support system for parents at risk and prove to be the holders of the most accurate, predictive assessment information" (p. 59).

Jenny, C., Hymel, K.P., Ritzen, A., Reinert, S.E., & Hay, T.C. (1999). Analysis of missed cases of head trauma. *JAMA*, 281, 621-626.

This team of researchers sought to determine 1) how frequently abusive head trauma (AHT) had been missed by physicians in an academic children's hospital, and 2) factors associated with the missed diagnosis. They did retrospective chart

reviews of 173 cases of head trauma presented over a five-year period in children under three at Children's Hospital in Denver, Colorado. The children in the study had been evaluated by the hospital's Child Advocacy and Protection team (CAP); a multidisciplinary team that consults on cases of suspected abuse. Pediatricians led this team, which also included social workers, nurses, child psychiatrists, psychologists and attorneys. The team performed careful physical examinations and ordered diagnostic tests to rule out organic illnesses that mimic AHT. Confirmation of AHT required full team consensus. Jenny et al. limited their study to children under three, since those cases are most likely to be missed.

Cases were defined as missed if review of the medical records and radiological studies confirmed the following: 1) prior to the diagnosis a physician evaluated the child for nonspecific clinical signs compatible with AHT; 2) the medical evaluation did not result in a diagnosis of AHT; 3) thereafter, one of the following occurred: a) the child improved but later experienced repeat acute trauma confirmed as abusive and underwent diagnostic imaging that revealed old cranial injuries and new injuries; b) the child remained symptomatic or experienced worsening clinical signs until AHT was recognized and verified by cranial imaging studies; c) the person who injured the child later admitted to abusing the child prior to the onset of nonspecific clinical signs.

Jenny et al. found that the CAP team had missed 31.2% of AHT diagnoses. In comparing missed diagnoses to recognized ones, they discovered several differences. Children with missed head trauma were younger than those in whom the diagnosis had been recognized. The team missed 37.4% of white cases and 19% of cases with parents and children of color. They missed 40.2% of cases where both parents lived with the child, but only 18.7% of cases where parents were not living together. If the child presented with nonspecific signs such as irritability or vomiting (symptoms that are present in many other childhood illnesses), the diagnosis tended to be missed. If a child presented without manifest respiratory pathology, had no apparent head injury, and the family was intact, there was less than a 1 in 5 chance that AHT would be recognized.

These misdiagnoses occurred despite the often lethal aftermaths: In 10 cases, the wrong diagnosis had been applied more than once to the same child; and 25 of the 173 children died of their head injuries. Of the recognized cases (119) 20 children died, and of

the missed cases, 5 children died. Jenny et al. believe that 4 of the 5 deaths in the missed group might have been prevented by early recognition of abuse. Of the missed cases, 15 of the 54 children were reinjured due to the delay in accurately diagnosing the condition, and 22 children had medical complications related to the delay in diagnosis, including seizure disorders, chronic vomiting and increased head size due to subdural hematomas.

The authors admitted that it can be very difficult to catch these cases, and that doing so means being able to discern when nonspecific signs indicate potentially serious or fatal pathology. The babies in this study were not as sick as babies whose AHT was recognized. They were also younger, and younger babies have a more limited range of normal behavior, which also makes AHT difficult to discern. The authors wondered if missed cases are inevitable when parents opt to withhold information. In 20 of the 54 missed cases the baby's facial or head bruising was attributed to accidental injury. However, the authors pointed out that studies of healthy, nonabused children found no bruises on children who were not yet strong enough to pull to standing. They recommended that physicians evaluating infants and toddlers who present with nonspecific symptoms such as vomiting, fever, and irritability, consider head trauma in the differential diagnosis, and concluded by providing additional technical medical information to help confirm a diagnosis of AHT.

Lane, W., Rubin, D., Monteith, R., & Christian, C. (2002). Racial differences in the evaluation of pediatric fractures for physical abuse. *JAMA*, 288, 1603-1609.

This is another study that concerns itself with decision-making and its impact on the evaluation of abuse. As does Jenny et al. (1999), this study elucidates the underreporting of abuse in white families. The researchers did a retrospective chart review of 388 children under three at a children's hospital in Philadelphia who were hospitalized for the treatment of an acute primary skull or long bone fracture between 1994 and 2000. They excluded children with perpetrator-admitted abuse, metabolic bone disease, birth trauma, and injury by automobile accidents. This article is striking because it challenges our understandings of what might ordinarily be considered certain knowledge in the determination of abuse. Since we can generally

agree on whether a bone is broken or not, what we are forced to recognize is that even when a very young child's bones are broken, we must still interpret the meaning of the break, and how this affects our response.

Lane et al. sought to determine whether children of color are more likely than white children to be reported to child protective services for suspected abuse, and to determine whether children of color are more likely than white children to be medically evaluated for abuse by having a skeletal xray performed. To simplify the data they condensed several covariates in the model into a single measure, which they called "likelihood of abuse." The measure was a composite of a review of the case history, including the child's age, reporting mechanism, past medical history, history of previous injury, and the presence of other external injury. The authors were blinded to the child's name, racial/ethnic status, insurance status, child protection team involvement and any specific details that would identify the child. After checking each child's history, the reviewer was asked if a skeletal survey should be performed. If an xray was requested and one had been performed at the time of the child's hospitalization, then the xray was provided. Based on the child's history and the skeletal survey the reviewer was then asked to decide whether the case should be identified as a) likely or definitely accidental, b) indeterminate, or c) likely or definitely abusive. To increase the validity of their study they took a random sample of 100 patients and had their charts reviewed by an outside expert in child abuse.

Part of the context for this study is that the American Academy of Pediatrics has stated that skeletal surveys should be mandatory in all children younger than two years of age where there is suspected abuse. For children between the ages of 2 and 5 the decision to order the test should be handled based on clinical indicators of abuse. Lane et al. found that more than 65% of children of color had skeletal surveys performed, while only 31% of white children had had the test. CPS reports for suspected abuse were filed in 22.5% of white cases, and in 52.9% of minority cases. Children of color with injuries judged as accidental were five times more likely to have a skeletal survey than their white counterparts. Children of color with indeterminate injuries were also more likely to have had a skeletal survey than white children whose injuries were also indeterminate. It is very interesting to note that the outside expert reviewer requested skeletal surveys on nearly all of the children in the indeterminate category. While 29 of 34 minority chil-

dren of color in this category had had the test, only 9 of 23 white children had had it. "It is quite possible that cases of abuse were overlooked in white children because no study was performed, and that some of the overall differences in child abuse reporting may have been the result of under-detection of abuse among white children rather than overdetection among minorities" (p. 1608).

Lane et al. pointed out that their study is limited by having only charts of children hospitalized for fractures and that the findings cannot be generalized beyond this population. However, they go on to make a very important point, "... we suspect that differences in evaluation and reporting by race might be even more pronounced if we had included children who were treated in the emergency department and released. In our experience, children who are suspected victims of abuse are more likely to be admitted to the hospital. Therefore, if white children were less likely to be suspected, it is possible that they were differentially discharged from the emergency department compared with minority children (p. 1609).

Lane et al. ended with recommendations from the Council on Ethical and Judicial Affairs of the American Medical Association that addressed racial disparities in health care provision. Specifically, they recommended a heightened awareness among physicians of potential and actual treatment disparities that take place along racial lines, as well as the development of practice criteria that would reduce such disparities. Toward that end, they recommended additional education for physicians regarding racial differences in the identification of abusive injuries as well as in general health care.

For further reading:

- Chand, A. (2000). The over-representation of Black children in the child protection system: Possible causes, consequences and solutions. *Child and Family Social Work*, 5, 67-77.
- Jones, L. P. (1997). Social class, ethnicity, and child welfare. *Journal of Multicultural Social Work*, 6, 123-138.
- Surbeck, B.C. (2003). An investigation of racial partiality in child welfare assessments of attachment. *American Journal of Orthopsychiatry*, 73, 13-23.

Summary:

This research on racial bias in decision making presents a frightening picture of the under-reporting of white families, suggesting that some of the

children in these studies would have benefited from a higher level of protection had they not been white. If we screen more white families into the system (and these studies suggest that this should be done in the interest of saving children's lives), that would obviously reduce the rate by which children of color are overrepresented. Perhaps reducing racial bias in risk assessment would improve accuracy and safety for some groups of children, but at the same time the child welfare system would be confronted with a larger population and attendant needs to prioritize resources, prompting the question of whether such steps would result in improved safety for all groups.

Are children of color over represented due to child welfare policies that have unintended discriminatory effects?

Lawrence-Webb, C. (1997). African American children in the modern child welfare system: A legacy of the Flemming Rule. *Child Welfare, 76*, 9-30.

Lawrence-Webb familiarizes us with the Flemming Rule, a little known ruling in the historical development of child welfare that continues to have far reaching effects on African-American families in the system today. The Flemming Rule was a landmark decision made by Arthur Flemming (Secretary of Health Education and Welfare under the Eisenhower Administration) to stop the discriminatory practice of dropping children and families from the welfare roles using "home suitability clauses" as a way to disqualify aid applicants. These suitability clauses were used to label parents as immoral, on the grounds that children had been born out of wedlock, or that men lived in the home other than the children's father. If homes were declared unsuitable, the family was immediately dropped and children were left without an adequate food supply. Under such circumstances, children were considered neglected, yet there were no follow up services offered to these families. In 1960 Louisiana expelled from its welfare roles thousands of families almost overnight using the unsuitability clauses. The Flemming Rule sought to put an end to such discrimination. States could still determine home suitability; however, they could not use the parent's conduct as a criterion by which to deny the entire family services.

Between 1963 and 1965 the emphasis on home

suitability shifted to the aim of protecting children from neglect. The spirit of the Flemming Rule was incorporated into PL 87-31 (Social Security Act Amendments of May, 1961) which emphasized offering services and the provision of federal aid to states in the removal of children from neglectful conditions. Since many workers were not trained in clinical intervention, they removed children when they felt unable to intervene effectively with their families. Prior to the Flemming Rule, families were allowed to stay together by dropping their application for aid. However, under the new system, families could not refuse services and were automatically drawn into the juvenile court process once they were judged to be neglectful. As a result the number of Black cases rose rapidly. Over a very short period of time the system shifted its policy from excluding Black families to "operating in an oppressive manner that can be described as constituting oppressive inclusion in that it contributed to the inappropriate removal of children in increasing numbers, especially African American children" (p. 21). The author states that most children placed during this period were placed because their parents were unmarried or because they came from "broken homes" (p. 23).

While the original intent of the Flemming Rule was to protect children from the risk of neglect, ironically its implementation had the effect of bringing many more Black families into the system and obligating them to participate in services that were often unhelpful and culturally insensitive. Lawrence-Webb reminds us that it is important to know and understand the history of past policies and their implications for current policy implementation, since policies can inadvertently result in unintended negative consequences for clients. She says that current welfare reform policies continue to cloak poverty and child care issues in racial politics, and that African American children and their families are likely to be expelled without support once again under the guise of new welfare reform policies.

For further reading:

Billingsley, A., & Giovannoni, J.M. (1972). *Children of the storm: Black children and American child welfare*. New York: Harcourt Brace Jovanovich.

Turner Hogan, P., & Siu, S.F. (1988). Minority children and the child welfare system: An historical perspective. *Social Work, 33*, 493-498.

Summary:

As this article shows, the racially biased impact of a policy can sometimes operate under the radar of practitioners and policy-makers, especially when its intent evolved from a genuine motive to advocate for and protect clients. Analyzing child welfare policy from the perspective of its differential impact on particular groups would certainly promote consciousness raising, but would not address the system's structural deficits; nor would it provide solutions for cases screened in due to poverty-related neglect.

Is the overrepresentation of children of color due to structural deficits within the child welfare system itself?

Woodley Brown, A., & Bailey-Etta, B. (1997). An out-of-home care system in crisis: Implications for African American children in the child welfare system. *Child Welfare, 76*, 65-83.

Brown and Bailey-Etta use an ecological perspective to examine the crisis in child welfare because it offers a more holistic view, by expanding the focus to include broader environmental impingements, such as service arrangements, systems, time and even ideas (p. 67). They point to multiple factors, both structural and demographic that contribute to the crisis. Internal system factors, such as the chronic dearth of financial resources, impede agencies' ability to tackle tough problems, and inadequate staffing compromises the quality of decision-making at every level. Failure to act in propitious moments freezes cases at a particular status and may keep children in the system longer, as decisions impact adoption, family reunification, or whether parents' rights are terminated.

In explaining the over representation of African American children, the authors highlight those social factors known to covary with reported cases of abuse: poverty, drug abuse, family violence, homelessness and inadequate housing. With regard to the incidence of reported cases of family violence among the poor, they say this may reflect biased reporting, but it might also reflect the reality that the stressors accompanying a life lived in chronic poverty can overwhelm coping to the point of compromising parenting. And with regard to why some children of poor parents remain in care longer, they suggest that we must also consider that by the time

they are reported, the family often has needs that exceed the helping capacity of the child welfare agencies entrusted with their care. The authors also point outward to the economic impact of societal deindustrialization that resulted in significant job loss in Black communities nationwide, contributing to the deterioration of the Black working-class, and negatively impacting incentives for family formation. They also highlight how increasing criminal and delinquent activity has destabilized entire urban communities which have become home to large numbers of the truly disadvantaged.

As the numbers of Black children in the system have increased, so have the numbers of children in kinship care. The authors say this may reflect a need for out-of-home placements that exceeds the numbers of available non-relative placements, while incorporating historically informal family care arrangements. Kinship care arrangements often work well, both for the families and for the system. However, as they point out, these relative caregivers are often poor and have some of the same needs for supportive services as the biological parents.

Brown and Bailey-Etta advocate for an empowerment-based, family-centered practice focused on client strengths, where workers and clients collaborate to solve problems. To maximize the benefits of interventions, they recommend agency coordination across all systems serving these families: child welfare, health, mental health, and education. They also recommend collaboration between schools of social work and child welfare agencies to provide training in cultural competency and to increase effective lobbying to obtain services for these families. In closing, they make a much needed point that there needs to be increased evaluation of the demands for unit cost analysis on service provision, since the work of strengthening families defies the kind of unit cost analysis that is characteristic of business practices.

For further reading:

Barth, R. P. (1997). Effects of race and age on the odds of adoption versus remaining in long-term out-of-home care. *Child Welfare, 76*, 285-308.

Danzy, J., & Jackson, S. M. (1997). Family preservation and support services: A missed opportunity for kinship care. *Child Welfare, 76*, 31-44.

Stehno, S.M. (1990). The elusive continuum of child welfare services: Implications for minority children and youths. *Child Welfare*, 69, 551-562.

Summary:

Brown and Bailey-Etta make a very balanced argument, tempering criticism by stating that reporting may in fact be biased, but that there are also competing explanations, such as the extreme needs of these families. Incorporating their suggestions for improving the structural responsiveness of the system would indeed go a very long way toward maximizing the benefits of interventions, however these recommendations would not reduce overrepresentation. The families' difficulties as presented here suggest that optimal solutions lie in the arena of prevention, yet the authors' suggestions do not address planning for prevention.

Is the over representation of children of color due to poverty with its attendant ecological risks?

McRoy, R. (2004). The color of child welfare. In K.E. Davis, & T.B. Bent-Goodley (Eds.), *The color of social policy* (pp. 37-63). Alexandria, VA.: Council on Social Work Education.

In a very comprehensive chapter, McRoy examines the differential impact of child welfare policy on children and families of color, beginning with the historical background of child welfare when African American children were largely underrepresented. In the mid-nineteenth century Black children were completely excluded from the first orphanages and children's aide societies organized for children of poor families. McRoy traces the evolution of policies that have had far-reaching influences on family constitution and functioning, including the rarely-cited Flemming Rule of 1961, which called for follow-up services to be provided to families that were charged with child neglect. As noted previously, this rule, intended to prevent children and families from being surreptitiously dropped from the welfare rolls due to discriminatory "home suitability clauses," had the unintended effect of increasing the number of children removed due to neglect, and forcing families into the judicial system, where they had to comply with mandated services, often experienced as insensitive or culturally inappropriate. McRoy discusses the impact of the other key pieces of child welfare legislation on families of color: The 1974 Child Abuse Prevention

and Treatment Act, the Indian Child Welfare Act of 1978, the Adoption Opportunity Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, the Omnibus Budget Reconciliation Act of 1993, and the Adoption and Safe Families Act of 1997. As with "Flemming," McRoy points out how some child welfare laws, created for the purpose of protecting children, can be regarded as having the regrettable impact of weakening families of color. The Child Abuse Prevention and Treatment Act led to increased reporting, increased investigations and inevitably to more removals. The Adoption Assistance and Child Welfare Act, intended to put an end to foster care drift, was never fully funded, and so when funds were not allocated for follow-up services to adoptive parents, many adoptions disrupted, sending children back into the system. Many reunifications failed for similar reasons. The Adoption and Safe Families Act of 1997 set adoption targets for each state and allocated bonuses for those states that placed children exceeding the target. McRoy makes clear how the funding stream for foster care impacts the number of children in care and necessarily impacts Black children, since there are fiscal incentives to states for maintaining out-of-home placements.

In the second half of the chapter, McRoy explores the link between poverty, child maltreatment and out-of-home placement, covering the full range of explanations for Black children's overrepresentation. She presents both the ecological risk hypothesis as well as the institutionalized racism hypothesis, citing numerous studies that explain child maltreatment as a product of "multiple risk factors outweighing protective factors" (p. 44). McRoy runs down the list of risk factors: unrelenting poverty, substance abuse, high-crime neighborhoods, parent incarceration, poor physical or emotional health, social isolation, unaffordable child care, and changes in TANF rules that limit eligibility to five years, and reduce aid to individuals with felony convictions. To these risk factors, McRoy adds the plethora of reasons for the shortage of homes available to adopt Black children and remove them from the system: few Black families are approved to adopt due to agency policies, fees, inflexible standards, and lack of trained staff of color (which presumably means that many white staff are biased towards underestimating the capabilities of African-American families for adopting children). In addition, large numbers of Black children are in kinship care, and while these

placements do not disrupt as frequently as non-relative placements, relative caregivers often do not want to adopt due to feelings of loyalty to the birth parents.

McRoy sums up by spelling out implications for practice and social work education. With so many poor families of color served by middle class, white workers, the policies and programs naturally reflect the attitudes of the majority culture. In admitting that current policies and programs have not worked for these clients, there needs to be more course work on practice with Black children and families. Workers need to develop increased awareness of their attitudes and preconceived ideas about Blacks. "In addition to gaining a better understanding of practice with this population, workers need to participate in undoing-racism training so they can be better able to identify vestiges of racism and to help empower families as well as agencies to change the status quo and make a difference in outcomes for children. They must also participate in training that emphasizes cross-cultural practice" (p. 55). She recommends the creation of culturally-based models of family preservation, and that agencies need to put into place specific performance indicators that will facilitate staff progress in moving children to permanence. She also specifically recommends the intentional inclusion of fathers, paternal relatives and other important caregivers in permanency planning. "Additional policies are needed which are designed to actually promote birth family permanence and the security of children in their own families of origin by addressing concrete needs such as food, child care, housing, and substance abuse treatment, as well as offering parenting classes and clinical services" (p.56).

For further reading:

- Gabarino, J., & Barry, F. (1997). The community context of child abuse and neglect. In J. Gabarino & J. Eckenrode (Eds.), *Understanding abusive families: An ecological approach to theory and practice*. (pp. 56-85) San Francisco: Jossey-Bass Publishers.
- Hampton, R. L. (1991). Child abuse in the African American community. In J.E. Everett, S.S. Chipungu, & B.R. Leashore (Eds.), *Child welfare: An Africentric perspective*. New Brunswick, NJ: Rutgers University Press.
- Pelton, L.H. (1989). *For reasons of poverty: A critical analysis of the public child welfare system in the United States*. New York: Praeger.

Summary:

We can surely all agree that a life lived in severe economic deprivation is extremely stressful and may even be considered abusive, particularly in a country like the United States, which is so rich in resources of all kinds. In this sense, when parents are trapped in poverty, it seems obvious to conclude that the associated stressors would impair their parenting. Yet, we can probably also think of particular instances where we personally knew families that were very poor, but whose children did not become lightning rods for the multiple frustrations that are part and parcel of the daily struggle to meet basic needs. Accordingly, poverty cannot be regarded as a necessary or a sufficient condition for child neglect and abuse, but rather as a variable that can clearly exacerbate tendencies towards child maltreatment that may already exist.

Is the overrepresentation of children of color due to institutionalized racism across the wider society?

Courtney, M.E., Barth, R.P., Berrick, J.D., Brooks, D., Needell, B., & Park, L. (1996). Race and child welfare services: Past research and future directions. *Child Welfare*, 75, 99-137.

Courtney et al.'s review of the literature on the relationships among race, child welfare service delivery and outcomes is clearly and powerfully presented. They begin by stating that children of color are disproportionately represented in the system, but that in most studies the correlation between race and income clouds interpretation because children of color are also disproportionately poor, and very poor families are four and a half times more likely to be reported. Their review also found that reports on African American and Latino children were more likely to be substantiated. While some studies did not agree, most studies they reviewed presented compelling evidence that race is a significant predictor variable in the decision to report. One often-cited study that examined urine screenings of pregnant women at their first prenatal visit found the prevalence of a positive report to be similar among Black and white women. However, ten times as many Black women as white were reported to health authorities for substance abuse during the six-month study period.

Courtney et al. also cite evidence of differential service provision along racial lines. They found studies that reported Black children as more likely to be serviced in the public sector, while white parents are more likely to be serviced in the private sector and to receive more social support than parents of other races. Other studies showed Black and Latino children as least likely to be provided with plans for family follow-up and support, and Native American families as having the least chance for service recommendations of any kind. Children of color had fewer family visits, fewer contacts with child welfare staff, and fewer services overall. Foster parents of color tended to use more concrete services like public assistance and public housing, while white foster parents tended to use more educational, counseling and child care services. The authors make a crucial connection in pointing out that when greater resources are allocated to therapeutic as compared to concrete services, resource allocation may also contribute to lower service utilization by families of color.

In the examination of outcomes, Courtney et al. again present evidence that race makes a significant difference. They cite a study (Mech, 1983) that shows placement rates per 1,000 children are highest for Black children (9.5), followed by Native Americans (8.8), whites (3.1), Latinos (3), and Asian Americans (2). They cited several studies that reported differential lengths of stay along racial lines, with Black children remaining in care considerably longer than white children. Other studies reported that Black and Latino children were more likely to return to care than white children. In one of Courtney's previous studies (1995), he found that Black children had a 23% higher probability of reentry than all other children, even after controlling for age, health, placement history and AFDC eligibility (p.121). There were also differences in rates of adoption along racial lines, with children of color waiting longer for placement, and experiencing a dramatically reduced probability of adoption at all.

While they present a picture that appears to be unilaterally bleak, Courtney et al. nevertheless caution the reader that the relationship between race, ethnicity, and child welfare services and outcomes is very complex, stating that in every area they found at least one study that showed no racial effect. They point out that their most significant finding is that the impact of race is so deeply confounded with social and economic well-being:

"Perhaps the most important finding of this review is that many of the observed differences in child welfare outcomes by race or ethnicity reflect differences in the economic and social well-being of children and families" (p. 126).

The authors make very powerful and challenging recommendations for future research, policy analysis and program development, while posing some very tough questions about our responsibility to challenge the status quo. They encourage the use of race and ethnicity as variables in child welfare research whenever possible, while considering the theoretical justification for doing so. They also recommend increased attention to unpacking and understanding the distinct populations often subsumed under the nebulous but ubiquitous racial category of "other" (p. 127). "Researchers, policy-makers, and practitioners should also give more attention to the nexus of race, gender, and social class as a factor in the functioning of child welfare services. ... In addition, the relationships between race and single motherhood, on the one hand, and single motherhood and poverty on the other hand, further confound attempts to understand the role of race in child welfare services and outcomes. In short, it is a perilous task to try to consider the impact of one of these factors without accounting for the others" (p. 128).

Roberts, D. (2002). *Shattered bonds: The color of child welfare*. New York: Basic Books.

Roberts' work on Black overrepresentation is extremely well researched and very persuasive. She is on a mission to raise the national conscience as to how racial politics shape child welfare policy. Her main thesis is that child welfare policies developed since the 1970s shatter family bonds by withdrawing financial support, and shifting service provision away from family preservation in favor of out-of-home care and adoption. She focuses on foster care, but also examines the impact of high rates of juvenile and parent incarceration in the Black community. Roberts' book seeks to answer three questions: why so many Black children are removed from their families, how the current politics of child welfare affect the system's racial imbalance, and why we should be concerned about the system's racial disparity. She ends with proposals to transform the system toward one that respects the integrity of Black families.

From her opening pages, Roberts criticizes both scholars and practitioners who focus on how children should be treated without examining how political relationships affect which children become involved in the system. She believes it is senseless to focus on making services more culturally sensitive if we fail to question the fundamental conflict between the child welfare system and the integrity of the Black community. Roberts also believes that child protection advocates focus myopically on extreme cases of child abuse, which contributes to a tendency to ignore the emotional damage caused when children are separated from their families. She brings her points to life by interspersing compelling cases that appear to be tragic examples of the system overstepping its bounds.

Taking an historical perspective, Roberts says that in the 1970s the system shifted its philosophy from a social service system that tried to help needy families to a child protection system that investigated allegations of abuse and neglect. Concurrent with this philosophical shift was a shift away from the practice of offering in-home services to a preference for out-of-home services. Roberts is unequivocal in her belief that this shift was intentional and racially motivated. "The abrogation of child welfare's social service function in the 1970s occurred as a white backlash and decimated the War on Poverty programs" (p. 16). "... I don't think it's a coincidence that family services declined as the child welfare system began to serve fewer white and more Black children" (p. 15).

Roberts points out that along with the increase of Black families in the system, there was also an increase in the punitive function of services. As do other articles in this bibliography, she cites numerous studies that document the higher incidence of reporting against Black families, higher rates of removal and placement in out-of-home care, longer lengths of stay, more frequent placement changes, fewer services, fewer reunifications and fewer adoptions. She is highly critical of the system, stating that it rarely offers Black families the kind of help they really need, and that it fails to remedy the underlying causes of placement in foster care, "which are related to poverty, housing problems, and lack of child care" (p. 21).

Indeed, all of Roberts' poignant case examples are examples of the kind of neglect that would be easily remedied by resources to improve housing, child care, and reduce poverty. She presents no case examples of abuse. And that is her other main point, that most children in foster care have typically been removed because of neglect, and have "close and loving relationships with their parents and it is

indescribably painful to be separated from them" (p. 18). From this moving assertion she follows up with her criticism that remedies that focus on psychological treatment rather than eliminating hazards that stem from poverty are doomed to be perpetually ineffective and even harmful because they fail to recognize the inherent societal contributions to the problem. Roberts states that living in poverty is abusive to parent and child alike, and that placing sole responsibility on parents to care for their children without examining the political, economic, and social hardships that prevent many from doing so is unfair and short-sighted.

Roberts is particularly perturbed by the Adoption and Safe Families Act of 1997, which she calls an assault on family preservation that shifted the system's emphasis from family reunification to adoption into new families. She also criticizes the pitting of parents' rights against children's rights in the conflict between family reunification and permanency planning, and states that furthering the family's interests will also benefit the children who are members of that family. Roberts believes that family preservation fails only when children are "returned to troubled homes without focusing on the right problems and without providing the level or continuity of services required to solve them" (p. 113). She also says that family preservation programs cannot be expected to function within a system that has a primary mandate of investigating parents to see if children should be removed. This mandate inherently conflicts with the goal of preserving families.

Roberts views adoption as more of a problem than a solution, because it will not accomplish the objective of significantly reducing the foster care population. She says the push to speedy adoption will result in terminating more parents' rights, but since the children will not all be adopted, it will result in more children in long-term foster care. Her other objection to pressures towards adoption is that they fail to address the system's "racially biased removal of too many children from their homes. In fact the new emphasis on adoption only makes the system's racial disparity worse" (p. 150).

Roberts' recommendations veer away from the path of adoption. Instead, she proposes a comprehensive system of social support for all the nation's citizens. Her proposed system would include more social support for families, a higher minimum wage and a guaranteed income, aggressive job creation policies, a system of national health care, high quality

subsidized child care, preschool education, paid parental leaves for all, and an increased supply of affordable housing. She says that devising programs that focus on increasing cultural competence is not the answer to the system's racism because it is useless to teach cultural sensitivity without changing the system's goals and structure (p. 271). She is concerned that a focus on increased cultural competence might convince "caseworkers, administrators and judges that they are acting fairly while they continue to dismantle Black families" (p. 271). Roberts is also in favor of a differential response system, where direct authoritative intervention is restricted to a small number of high-risk families, with low-risk families served on a voluntary basis. "The key is to create a system that offers voluntary services, without threat or stigma, to the vast majority of its clients, shifting its philosophical orientation and resources away from foster care toward prevention and family preservation" (p. 275).

For further reading:

- Gould, K.H. (1991). Limiting damage is not enough: A minority perspective on child welfare issues. In J.E. Everett, S.S. Chipungu, & B.R. Leashore (Eds.), *Child welfare: An Africentric perspective*. New Brunswick, NJ: Rutgers University Press
- Gurak, D.T., Smith, D.A., & Goldson, M.F. (1982). *The minority foster child: A comparative study of Hispanic, Black and white children*. (Hispanic Research Center Monograph No. 9). NY: Fordham University.

Summary:

Roberts makes quite a compelling case. However, throughout the book she minimizes questions of serious abuse and parental mental illness, stating that these cases are but a tiny fraction of those that come in due to poverty-related neglect. Notwithstanding her well made points, she presents the statistical percentages of abuse and neglect cases but does not examine the significant proportion of abuse cases and the mental health issues that attend child abuse in her conceptual analysis and recommendations. The view from the trenches confirms that cases of abuse and mental illness are very real, and extremely damaging to children's development. In more than a decade spent working with children and parents in the child welfare system, those referred for mental health treatment were rarely screened in for poverty alone. This may mean that the treatment population differs in important ways from the general population of chil-

dren and families needing services. And this observation is certainly not meant to suggest that we should not work hard to raise the standard of living for all poor families, as Roberts is right that poverty clearly creates its own set of abuses. But in doing so we must be careful to avoid the tacit endorsement of a belief that mental health and child abuse problems do not exist in poor communities of color, and also the fiction that child neglect and child abuse do not exist in better-resourced middle- and upper class families.

Is overrepresentation due to reluctance to report majority culture middle- and upper class families whose power may intimidate?

Research about practitioners' reluctance to report middle- and upper class white families should be distinguished from research about racial bias in decision making. In the reluctance to report, workers are fully cognizant of their hesitancy and the reasons behind it, which stem from the family's potential abuse of power or influence to thwart the worker's credibility, or even to file suit. Due to the nature of this phenomenon, finding studies that address it directly is nearly impossible. Rather, the data that address the reluctance to report tends to be hidden in research conducted for entirely other purposes.

- Straus, M. A. (2001). *Beating the devil out of them: Corporal punishment in American families and its effects on children*. New Brunswick, NJ: Transaction Publishers.

Murray Straus, a social scientist who has spent over 35 years researching corporal punishment and its impact on American families, reported in his latest book that more than 90% of American parents hit their toddlers, and many parents continue using corporal punishment well into their children's teen years. Despite the ubiquity of this experience, it is an almost invisible part of American life because nearly everyone has been spanked, and nearly everyone, including many child development experts, actively seek to deny connections between spanking and child abuse. Straus points out that even child development experts who are against spanking in principle, may be ambivalent about it in practice. He believes that child abuse has its roots in the widespread cultural acceptance of corporal punishment. The fact that the overwhelming majority of parents use corporal punishment automatically means that we are not

just talking about poor parents or parents of color as potential abusers. Straus queried 6,002 parents on their child rearing practices in his 1985 survey on family violence. His most recent research found no difference, or very small differences between poor and middle class parents' tendencies to spank their children.

His findings on racial differences in the tendency to use corporal punishment were contradictory. Some studies reported no differences between racial groups, but others found that white parents were more likely to hit their children than other minority groups based on *parents'* self reports (p. 56). Straus believes strongly that the use of corporal punishment is a serious risk factor for child abuse, and he espouses a theory linking the two that he calls the escalation theory. The main idea behind this theory is that parents escalate the level of violence when their child continues to misbehave after being spanked or when the child strikes back. He discusses three additional theories that also link corporal punishment with child abuse, and that compliment his escalation theory: the cultural spillover theory, depression, and marital violence. These theories work together to suggest that parents who were hit by their parents tend to be more accepting of violence as a means of correcting misbehavior, are more likely to be involved in a violent marriage, and are more likely to be depressed (p. 91).

For further reading:

- Barksdale, C. (1989). Child abuse reporting? A clinical dilemma? *Smith College Studies in Social Work*, 59, 170-182.
- Benson, D. E. (1991). Physicians' recognition of and response to child abuse: Northern Ireland and the U.S.A. *Child Abuse & Neglect*, 15, 57-67.
- Garbarino, J., & Eckenrode, J. (1997). In conclusion: Family life development and child protection. In J. Garbarino & J. Eckenrode (Eds.), *Understanding abusive families: An ecological approach to theory and practice* (pp. 194-226). San Francisco: Jossey Bass.
- Weitzman, S. (1998). Upscale violence: The lived experience of domestic abuse among upper socioeconomic status women (Doctoral dissertation, Loyola University of Chicago, 1998). *Dissertation Abstracts International*, 59, 3650A.
- Vulliamy, A. P., & Sullivan, R. (2000). Reporting child abuse: Pediatricians' experiences with the child protection system. *Child Abuse & Neglect*, 24, 1461-1470.

Summary:

Straus agrees with Roberts (2002) that the media's focus on the most egregious cases of abuse is highly problematic, but for entirely different reasons. Whereas Roberts believes this focus contributes to the exaggeration of a tiny abuse problem, Straus believes that it contributes to a nationwide tendency to deny the magnitude of a highly significant problem. He suggests that the focus on bizarre cases only serves to distort our perception of the nature of abuse and helps parents to ignore the dangers of corporal punishment and its negative impact on children's development.

Conclusion:

The literature that examines the disproportionate representation of children of color in the system presents an extremely complex picture. The response to each angle of the question tended to reframe the original question, and suggested that the environment system boundary be shifted to permit a reexamination of the problem from a different point of view (Heineman Pieper, 1989; Wimsatt, 1986). This redrawing of the boundary created a variety of lenses through which to examine the problem, and allowed us to view it from different levels of organization, ranging from the micro-level of a physician-child relationship to the macro-level of how a society differentially treats families over time. Such reexamination at varying levels helps us to recognize the biases present at any one level. The decisions we then make about which system to study make a tremendous difference in how we understand the problem of the overrepresentation of people of color, as well as a difference in the solutions we are likely to devise.

As an African-American practitioner who has worked directly with families in the child welfare system for over a decade, there are realities of which I am aware by virtue of having an insider's view. For example, certain types of mental illness may go completely undetected for years, but can still have devastating consequences for children and parent alike. An African-American grandmother's undiagnosed mental illness did not prevent her from caring for her grandchildren from toddlerhood in many competent ways. But as the children entered puberty, this caregiver's inability to create adequate structure and boundaries contributed to their becoming aggressive to the point of threatening their peers and each other. This occurred despite a caring bond between the caregiver and her grandchildren, despite the family's residence in a highly supportive community, and

despite the children's enrollment in an excellent school system. There is nothing bizarre or sensational about this case; yet, its resolution will require a decision that can only be effectively made using a practitioner's knowledge.

Similarly, my white colleagues offer another compelling example of the unique nature of practitioner knowledge. I have been told by more than one colleague on more than one occasion that they "hate the white cases." When I asked what this was about, they told me that the white cases always seem worse; that often the parents have been reported for abuse several times before finally being screened in to the system, so that by the time their cases are opened the degree of danger is much higher than it might otherwise have been. This unique angle on abuse was corroborated by some of the research presented above. If we are to devise solutions that work for a multicultural society, it is clear that we must continue to examine the problem of overrepresentation at many different levels and from many different points of view.

That said, I cannot but be struck by the proposed solutions held in common by the researchers represented here. A few of their points stand out as worthy of a closing remark. Although the researchers themselves come from different racial/ethnic backgrounds and were examining different aspects of the overrepresentation problem, they often suggested solutions in common when stating implications for practice, policy, research, education and system reform. By and large, the researchers recommended bringing together professionals, parents and community representatives to collaborate on the development and implementation of programs and to challenge the status quo. They reminded us that acceptance of child protective action requires community support, and that gaining such support means intentionally avoiding stereotypes, focusing on cultural and family strengths, and most importantly on understanding parents' motives as well as the fundamental cultural values parents wish to pass on. Accomplishing such a task also means improving

communication across cultures, across classes and also across roles. They recommended more training in understanding the worldviews of other cultural groups, and placed special emphasis on a heightened awareness of personal biases. They recommended culturally-based models of family preservation and more support for families, including financial support and interpersonal support that incorporates professional and informal social networks.

In the studies that examined cross-cultural diversity, we should take special note that despite the significant cultural differences identified between parents from different racial groups, there were nevertheless certain ideals that appeared to be shared across cultures. Our tendency to be shocked by cultural practices that we do not share often obstructs our willingness to look for those shared constructive ideals that are present in every culture. This shared ground seems the most fertile place to begin a cross-cultural dialogue that would create space to hear about the higher ideals and values that underlie the child rearing practices of every culture.

Other works cited:

- Courtney, M.E. (1995). Reentry to foster care of children returned to their families. *Social Service Review*, 69, 226-241.
- DePanfilis, D. (1988). *Final report determining safety in child protective services and child placement decisions*. Charlotte, NC: Action for Child Protection.
- Heineman Pieper, M. (1989). The heuristic paradigm: A unifying and comprehensive approach to social work research. *Smith College Studies in Social Work*, 60, 8-34.
- Mech, E.V. (1983). Out-of-home placement rates. *Social Service Review*, 57, 659-667.
- Wimsatt, W. (1986). Heuristics and the study of human behavior. In D.W. Fiske & R.A. Shweder (Eds.), *Metatheory in social science: Pluralisms and subjectivities* (pp. 293-314). Chicago: University of Chicago Press.

Deborah R. Major is a student in the doctoral program at Loyola University of Chicago School of Social Work. She received an MSW from Loyola in May of 1992 and has been employed by Catholic Charities as a therapist for children and families in the Child Welfare System.